

Joining Forces

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RESEARCH NEWS YOU CAN USE

April 1998

IN THIS ISSUE...

"One Team-Fostering Community Cohesion" is the theme of FAP's annual conference which will be held in Salt Lake City, Utah. A synopsis of the program is provided in this edition of Joining Forces

Some of you were recently contacted by Dr. Alicia Marshall relative to her study about the use of the performance-based management model. We include an abstract of Dr. Marshall's findings.

Research that increases knowledge about FAP is extremely important including how FAP is perceived. We include an abstract of an article by Applewhite, Morris, and Hamlin who surveyed commonly held beliefs and attitudes of health care professionals about spouse abuse.

This edition also includes a synopsis of the Sourcebook for FAP. We also highlight information about the decline in the Army's child abuse rates and a summary of the questions asked by civilian hospital social workers about home visitation and its relationship to the Army Family Advocacy Program.

We welcome Ms. Yuki Okada, our new research assistant, to our staff. She is a recent graduate of Marymount University and has a B.A. degree in psychology.

Family Advocacy Program Worldwide Conference

Hosted by the Army Materiel Command, FAP's annual conference will be held in Salt Lake City, Utah 20-24 July 1998. The theme for the conference is "**One Team-Fostering Community Cohesion.**" This year's theme highlights FAP's ongoing effort to encourage the active participation of families, create cohesion within the military community, promote command involvement, and support interagency partnerships.

The conference will build upon discussions and follow-up initiatives generated during last year's conference. Dr. Don McCaskey, School of Social Work, University of North Carolina, will present Part II of the performance-based management model. Additionally, there will be reports from FAP's CFSC staff on specific actions being considered to address last year's recommendations. For example, there are ongoing discussions on establishing centers of excellence to test intervention strategies for family violence. In terms of fatherhood initiatives, efforts are being explored to develop a resource and reference manual. Renewed efforts are also underway to systematically review current spouse abuse prevention and treatment options and how the effectiveness of the options can be measured. Relative to victim advocacy, a manual is being

revised based upon a field test that was completed in August 1997.

Researchers from Cornell University, Uniformed Services University, and J & E Associates will participate in a panel discussion of research initiatives that can enhance the effectiveness of prevention and treatment approaches to family violence. Program updates will be provided by the HQDA staff and a highlight of the conference will be a state-of-the-art presentation on domestic violence by Donald Dutton. An inspirational speech by Price Pritchett, Chairman and CEO of Pritchett & Associates, Inc., is also scheduled. Mr. Pritchett is a psychologist who has written extensively on organizational performance and change.

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Spreading the Word

Dr. John H. Newby of the Family Violence and Trauma Project, Uniformed Services University of the Health Sciences (USUHS) participated in a conference to share news about FAP with the civilian community. He conducted a workshop entitled "Home Visitation: A Model for the Prevention and Treatment of Family Violence" at the 33rd Annual Meeting of the Society for Social Work Leadership in Health Care in Seattle, Washington, 28 March - 1 April 1998. The meeting was

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primarily attended by social workers who direct or administer social work services at civilian hospitals around the country. The purpose of the workshop was to describe home visitation as a viable health care model for social workers. As a strategy for expanding social work roles in health care, home visitation was discussed as a preventive intervention for families. The New Parent Support Program (NPSP) and FIRST STEPS were presented as examples of home visitation initiatives currently being conducted in the Army.

There were several questions about how FAP and home visitation operate in the Army. Many of the participants in the workshop were surprised that the Army has programs for child and spouse abuse. Questions asked include: What is the relationship of the child abuse program to local child protective service agencies? What efforts are made to ensure that women who are abused are not re-victimized? Does the Army provide shelters for abused women? What screening processes are used in Army hospitals to identify child/spouse abuse incidents? How do Army rates of child/spouse abuse compare with civilian rates? If an abuse incident occurs within an Army family living in the civilian community, how does the Army find out about it? What role does the commander play to ensure that abusers are removed from the home? Are soldiers sent to civilian jails for abusive incidents? What roles do Army social workers play in providing guidance to commanders about abuse incidents? Why do the military services have different child and spouse abuse policies

and programs that may duplicate each other?

The variety of questions indicated that workshop participants had very limited knowledge of FAP and home visitation services in the Army. However, they were very supportive and pleased about the Army's initiatives to prevent and treat family violence.

To what extent do you inform social workers or other health care professionals in the civilian community about FAP or other family support programs at your installation?

Bridging the Gap: Qualitative and Quantitative Research

Research can be quantitative, qualitative, or a mixture of both. For example, interviews and other narrative material such as case notes can be subjected to qualitative research methods. In addition, qualitative methods of inquiry can yield valuable information not easily obtained quantitatively. While you may be apprehensive about applying quantitative methods, there are areas of your work that would benefit from various forms of qualitative research.

Can you describe aspects of the FAP cases that have been substantiated by your local Case Review Committee? What modes of treatment were offered? How did the treatment relate to the diagnosis or case assessment? What about studying a time frame within which a high rate of abuse cases occurred? Can you explore possible causal factors?



Qualitative methods include field studies about real life situations, descriptions of people's experiences, and analyses of unique cases or situations. Interviews, observations, and written documents can be used to acquire and analyze qualitative data and produce results that do not have to derive from statistical procedures or other methods of quantification. For a more comprehensive comparison of qualitative versus quantitative research issues. See: Murphy, Christopher, M., and O'Leary, Daniel, K. "Research Paradigms, Values, and Spouse Abuse," Journal of Interpersonal Violence, Vol. 9, No. 2, June 1994, 207-233.

Evaluation Report on the Introduction of Performance-based Management

Alicia A. Marshall, Ph.D.
Texas A&M University

Given the present emphasis on fiscal responsibility and documentation, family advocacy programs are being required to design activities and allocate resources based on defensible links between services being provided and desired Army outcomes. One of the primary components of performance-based management is the use of goals in the planning process. The second key component is the emphasis on evaluating the effectiveness and impact of activities or interventions.

The performance-based management approach can be used to identify more effective and efficient programs. Specific strategies for employing this approach in program planning was the focus of

the January 1997 FAP annual training conference in San Diego.

An evaluation was conducted to examine how the performance-based management approach is being employed by FAP personnel. The objectives of the evaluation were to establish a baseline understanding of common practices and priorities before the training and an examination of immediate and long range knowledge acquisition and behavior change resulting from the training.

Data were gathered for the evaluation in three phases. First, 50 interviews were conducted with a sample of Family Advocacy Program Managers and Chiefs of Social Work Services to determine the extent to which any of the principles of performance-based management were already being used. During the second phase, 131 conference participants completed a questionnaire that focused on their perceptions of the usefulness of the concepts and their potential future application. In the third and final phase, telephone interviews were conducted with 104 of the conference participants. These interviews assessed the recall of key information and any attitude or behavior change.

Dr. Marshall found that prior to the training, FAP personnel recognized the potential utility of using goals to plan activities and to assess the impact of their activities. However, rigorous methods of evaluating the effectiveness of FAP's efforts were not being consistently used. Immediately following the training, conference participants had generally grasped the key concepts and their importance or potential usefulness. Participants also recognized the growing necessity of documenting

changes or outcomes following their efforts.

Over time (phase three follow-up), conference participants recalled the basic information. However, their perception of the relevance and usefulness of the concepts covered during the training slightly decreased. They also voiced concern over the viability of applying the principles of the performance-based management approach without additional resources and command support.

Most participants indicated a renewed dedication to attempting to develop more effective and efficient methods for evaluating the effectiveness of their efforts.

Recommendations from conference participants and the training evaluators included developing an interactive mechanism for disseminating and sharing information among FAP personnel across all installations, e.g., a newsletter or an interactive web page, developing additional teaching materials, a "how to" guide for evaluating programs, and the development and distribution of standardized evaluation tools.



This newsletter was prepared for the U.S. Army Community and Family Support Center, Family Advocacy Program under an Inter-Service Support Agreement between the Department of the Army, and the Department of Defense, Uniformed Services University of the Health Sciences, Department of Psychiatry



Beliefs About Domestic Violence Among AMEDD Personnel: An Update

MAJ Larry Applewhite, DSW
MAJ Rosalyn Morris, MSW
COL Elwood Hamlin II, DSW

Domestic violence claims a substantial number of victims in the United States each year. Among them are significant numbers of military family members. Although prevention is a critical component of the Army's Family Advocacy Program, clinical intervention by the Army Medical Department's (AMEDD) multidisciplinary health care team is an essential ingredient in interrupting the cycle of violence. The medical team's effectiveness in many ways depends upon the individual member's attitudes about domestic violence.

A survey of AMEDD personnel in 1988 suggested that health care providers would benefit from further training on identifying and intervening with families experiencing domestic violence. A follow-up study conducted in 1997 found that there is much similarity in the way domestic violence is currently viewed by those taking the survey.

AMEDD officers and senior NCOs (N=403) attending career development courses at the AMEDD Center and School were surveyed about their beliefs regarding spouse abuse in the military. The participants tended to define spouse abuse as a problem which cannot be allowed to remain private because of the harm it causes others. Furthermore, there appears to be wide spread agreement that children who witness domestic violence are

harmful in some way by the experience.

Most respondents believe that alcohol abuse coexists with spouse abuse. They also reported believing that growing-up in a violent family, probably contributes to the development of poor self-image, a sense of insecurity, and causes abusive behavior.

AMEDD personnel, at least those surveyed here, recognize that the decision to remain in an abusive relationship is based on a complex combination of factors. Fear of further violence, financial limitations, and other family concerns were specifically identified as reasons for staying in an abusive situation.

About half of the AMEDD personnel think that spouse abuse is a common problem in the military and, therefore, a need for domestic violence treatment programs exists in the Army. Most of the officers and NCOs acknowledged the need to report abuse, but a sizable portion did not know about the regulatory mandate to do so.

Perhaps the most significant implication of the survey results is the belief that abuse victims are most likely to come from low income, poorly educated families. In the military, this can be translated into a family with a sponsor from the lower enlisted ranks. The risk exists that victims who do not fit a preconceived profile might be missed. This finding suggests that increasing awareness that abuse cuts across all socio-economic levels could help capitalize on the desire of AMEDD personnel to intervene to alleviate domestic violence. See: US Army Medical Department Journal, January - February, 1998, 11-16.

Family Violence Sourcebook for FAP

The Family Violence and Trauma Project, Uniformed Services University of the Health Sciences, recently completed a booklet entitled Family Violence Measurement: A Sourcebook for FAP. This booklet was distributed to the MACOM FAPMs. The purpose of the booklet is to outline an approach to thinking about how you could become more familiar with six important measurement questions about FAP. It presents models on how to collect and analyze your own data on these questions, and respond to inquiries about FAP. The contents of the booklet are summarized here.

1) How much abuse is there?

This is one of the most commonly asked questions about abuse in the Army. We present a discussion of the concepts of frequency and rate. A fictitious post had a decrease in its number of cases and post population from one year to the next. The frequency and rate are calculated for each of the two years. Comparisons are made between the two years and illustrations are given for the way each measure can be of practical value. We also give the Army spouse and child abuse rates from 1989-1997 separately for male and female victims. A number of "thought questions" are presented for you to consider about the effect that events on your post might have on your local frequencies and rates of spouse and child abuse. Finally, we present the differences in substantiated and unsubstantiated reports of spouse and child abuse for 1995-1997 and ask you



to think about what might have affected your substantiation rates.

2) *What are the Differences in Types of Maltreatment?* Spouse and child abuse frequencies and rates are often reported as total figures. We know that there are three different types of spouse and five of child maltreatment. In this discussion, we present data on the different types of maltreatment for both spouse and child abuse. The discussion highlights important questions regarding each type of maltreatment and the consequences for victims of each type.

Again, we urge you to think about your local situation and attempt to provide your own responses or determine where you need to gather more information.

3) *What Effect Does Change in Population Size Have on the Army's Rates of Abuse?* This question is a further development of question one, but is designed for the post in which rapid change has occurred or will occur. We illustrate three ways in which a rate can change given changes in case frequencies as well as the post population: when the population decreases at the same rate as the frequency of cases, when the population decreases faster than the frequency of cases, and when the population decreases slower than the frequency of cases. We also give two different methods of calculating population size. We illustrate the differences in the methods for the rates of spouse and child abuse in the Army from 1989-1997.

4) *Who Are the Army's Victims and Offenders?* The Army Central Registry is a victim-based data

system, but it does contain offender data. The answer to this question gives an overview of the victim and offender populations by age, sex, and beneficiary status (active duty or civilian). This information can be helpful in creating programs specifically for the populations involved in spouse and child abuse, whether victims or offenders. We provide data for the Army as a whole for spouse and child abuse for 1995-1997. We also ask questions to prompt your thoughts about how this information could be used.

5) *What Are the Effects of Substance Involvement on Spouse and Child Abuse?* This question raises the issue of missing data in the Central Registry. Substance abuse figures are presented for spouse and child abuse and for victims and offenders. Our point is to help you think about ways to increase our knowledge of how substance abuse is related to spouse and child abuse. We also ask you to think about why the amount of missing data is so large. What may affect the reporting of substance involvement once a case is under investigation? With better information, the questions surrounding substance abuse can be addressed with more confidence and accurate conclusions.

6) *What Information Can FAP Gain from Sources of Referral?* While FAP receives cases from many sources, the primary one is law enforcement. It is more than double any other source for spouse abuse. Law enforcement referrals are a mixed source. That is, the referrals may be initiated by anyone, but reported through law enforcement. One of the points of

this discussion is to note the effect of referral sources on case frequencies. We present the percentage of referrals of each source for both spouse and child abuse. It is noted that command referrals for spouse and child abuse occur, but they are much higher for spouse abuse than child abuse. We also raise questions about under-reporting and how this might be addressed.

We hope that the Sourcebook will assist FAP personnel in thinking about the measurement of important issues in the program, improve their knowledge of some of the numerical concepts, and learn to use these concepts. A copy of the booklet can be obtained from Yuki Okada at the Family Violence and Trauma Project, USUHS. As usual, we welcome your comments. Telephone numbers and e-mail addresses are provided in the box on page 2.

Child Abuse Frequencies and Rates Decrease

The number of cases of child abuse decreased from 1991 (about 4,350 initial cases) to 1997 (about 2,900 initial cases). The rate per 1,000 children of Army sponsors has also shown an overall decrease, from approximately 7.6 in 1993 to about 6.4 per 1,000 Army children per year in 1997. This is good news for the field and represents the concerted efforts of all FAP personnel.



Measures of Variability:

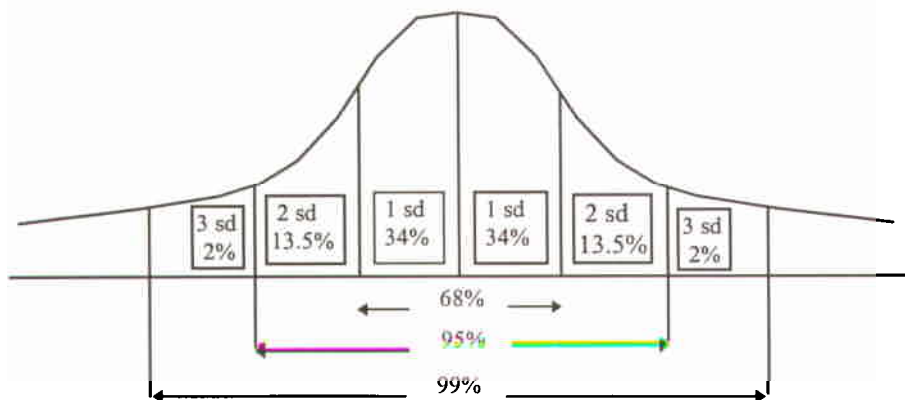
Mean, Variance, and Standard Deviation

When you measure certain phenomena, some measures cluster around a midpoint while others are more unusual. The spread of a measure is called its distribution. For example, take height. Height is usually thought to be “normally” distributed. A normal distribution means that the measures follow the distribution of a “bell curve”. This curve looks like a bell. It is wide at the bottom and rounded at the top. If you draw a line from the highest point at the top of the curve down to the bottom (the flat part of the graph), the point where they cross is called the mean. The rest of the distribution is spread out on either side of the mean. The extremes of each side are called the tails of the distribution because the area under the curve is very small and looks like a tail.

Many measures are distributed as a normal (bell) curve. For example, many women are about 5’5”. As the heights get shorter or taller, approaching the two tails of the distribution, the percentage of women within each height category decreases. For example, there are fewer women who are under 5’ and fewer who are taller than 6’. Everything in the world is not normally distributed. However, many observations do correspond to a normal distribution.

The variance and the standard deviation (s.d.) of a measure are an index of the spread (or distribution) of the measure in a population. The standard deviation is the square root of the variance. To calculate a variance and a standard deviation, you need three numbers: the size of the group, the sum of each measure squared (the number multiplied by itself), and the square of the sum of all the measures. You can use the standard deviation to determine how much of your population falls within certain boundaries (see figure).

Using the mean and the standard deviation, it is easy to get a good description of the distribution of a measure in a population. In a normal distribution (a symmetric, bell shaped curve), 68% of the population is within one standard deviation of the mean (above it or below it). In other words, if you add the standard deviation to the mean one time, and subtract the standard deviation from the mean one time you will get the upper and lower boundaries for 68% of individuals in the population.



s.d. = standard deviation

Suppose you wanted a range that includes a larger percentage of your population? Two standard deviations (i.e., the mean plus or minus the standard deviation multiplied by two) includes 95% of your population.

If you want to know the range that includes 99% of your population, you would again perform the same calculation except you would add to or subtract three standard deviations from the mean.

The mean and standard deviation are important statistical concepts that can help you understand the distribution of the sample you are working with and be used in other statistical tests such as the t-test.

For more information on these concepts, see; Koosis, Donald J., "Statistics: A Self-Teaching Guide", John Wiley & Sons, 1997.

April was Child Abuse Prevention Month: In 1997, there were about 2900 initial substantiated cases of child abuse/neglect in the Army. Maltreatment inflicts negative consequences on the psychosocial well being of children. Additionally, children reared in an environment of violence are at risk for becoming dysfunctional including substance abuse, criminal behavior, and interpersonal violence. Please let us know how you observed Child Abuse Prevention Month. This information will be shared in an upcoming edition of Joining Forces.